

Hill & Associates P.C.
Cynthia K. Hill Ph.D.
Licensed Psychologist
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PSYCHOTHERAPIST-PATIENT SERVICES AGREEMENT

The following information explains the policies and philosophy of my counseling practice. Please read it carefully and be sure you understand it fully before you sign this legally binding consent for treatment.

ABOUT PSYCHOTHERAPY

The goals of treatment are to help you develop coping skills and insight into your behavior and thinking patterns that may reduce your unpleasant symptoms and increase the quality and level of functioning in your everyday life. We will work together to achieve these goals and determine which methods will best achieve these goals.

Therapy generally involves weekly **45-minute sessions** where we talk together. I may also recommend that you read books, write in a journal, practice relaxation techniques, listen to guided imagery, or meditate as additional ways to augment your therapy. Psychological testing and a medical evaluation may also be suggested.

If I determine that my time and expertise are not adequate to meet your needs, I will inform you of this and help you facilitate more appropriate care.

If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

During therapy, sometimes you may feel worse before you feel better. These feelings may bother you at work or in school. Relationships may be changed or disrupted. However, most people find that the benefits outweigh the risks. Relationships and coping skills may improve greatly. You may grow in many directions – as a person, in your close relationships, in your work or schooling, in your faith development, and in your ability to enjoy life.

CONFIDENTIALITY

My office is compliant with the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides new privacy protection and new patient rights. I will provide you with a Missouri Notice Form (HIPAA) to explain this information in detail. If you choose to submit claims to insurance, certain confidential information may be disclosed.

In a few situations, I may be ethically or legally required to talk to someone else or provide records of your counseling to another agency or person. Examples of the exceptions to confidentiality include: 1) if you make a serious threat to harm yourself or another person, 2) when a child, elderly, or disabled person is suspected of being uncared for or abused, or 3) if you become involved in a court action and your records are requested (subpoenaed) or your therapist is asked to testify.

Except for these situations I have described above, Hill & Associates PC will maintain your privacy. I also ask you not to disclose the name or identity of any other client being seen in this office. If we meet outside the office, it will be your decision whether or not to acknowledge me. I will not initiate contact. My behavior will not be a personal reaction to you, but a way to maintain the confidentiality of our relationship.

APPOINTMENTS

Appointments are scheduled by me usually at the same time each week. If you must cancel an appointment, please call the office at (816)795-9292 or text me at (816)260-2970 as soon as possible so that your time may be used by another client. You will be charged a fee if you miss an appointment or do not cancel at least 24 hours before your scheduled session. Insurance does not pay for such charges.

COMMUNICATION

Telephone voice mail: (816)795-9292. This is the best method to contact me and/or leave messages that are non-emergency. I check this on a regular basis during normal business hours.

Email: cynthiakhill@comcast.net. Do not email me with information of an urgent nature. I can not guarantee that I will open email correspondence prior to your next session. Lengthy emails will be read during your scheduled session or my time reading will be charged at my hourly rate.

Text: (816)260-2970. This may be used for cancelling or rescheduling of appointments but not for therapeutic matters.

Facebook and LinkedIn: I do not accept clients as friends or contacts.

Name (Print):

(Signature):

Date

